

# Gift to Agency Report

## A Public Document

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GIFT TO AGENCY REPORT

### 1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Eligibility Unit

Street Address

1000 G Street, Suite 450 Sacramento, CA 95814

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

DATE RECEIVED

10 JAN 26 PM

California Form 801

For Official Use Only

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☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

### 2. Donor Name and Address

☐ Individual Sanchez Ernesto A. ☒ Other Center for Health Improvement - NASHP  
Last Name First Name Name  
1330 21st Street, Suite 100 Sacramento CA 95811  
Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name \$ Amount Name \$ Amount

### 3. Payment Information

Date and Amount of Payment (other than travel) (month, day, year) \$ (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Long Beach, California

10/4/09-10/7/09 \$ 606.44 \$ 514.44 \$ 23.50 \$ 1144.38  
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

To attend the National Association of Health Plans Conference in Long Beach.

Identify the officials for whom the payment was used:

Sanchez Ernesto A. Deputy Director Eligibility & Enrollment  
Last Name First Name Title Department/Division  
Last Name First Name Title Department/Division

### 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Janette Lopez  
Print Name

Chief Deputy Director  
Title

11/4/2009  
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)